RECEIVED FEC MAIL CENTER

2015 JUL -6 AM 10: 27

To: Federal Election Commission 999 E Street NW Washington, DC 20463

Please find enclosed copies of the Second Quarter 2015 Form 3X covering the dates 4/1/2015 – 6/30/2015 for the following PACs:

Professional Real Estate Investors and Managers Alliance PAC (PREIMA-PAC) C00546895 American Association of Private Lenders PAC (APL-PAC) C00547398

Please contact Rick Abell @ 816-398-4054 with any questions.

Thanks! Rick Abell

2015 · 07 · 06 · 08 · 00005428

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED FEC MAIL CENTER

2015 JUL -6 AM 10: 27

FEC FORM 3X

Rev. 12/2004

For Other Than An Authorized Committee Office Use Only TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. ADDRESS (number and street) Check if different than previously 16,4,15,3 MO reported. (ACC) CITY A ZIP CODE A STATE A FEC IDENTIFICATION NUMBER ▼ C00547398 3. IS THIS NEW **AMENDED** X REPORT (N) OR (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Electio Year Only) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Year Onty) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on 09/01/2015 30 2015 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer 071 021 2015 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FE6AN026

Office

Use

Only

2015:07:00:0M:0000H20

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Mrite or Type Committee Name Ancrican Association of	Private Landers PAC	(APL-PAC)
F	Report Covering the Period: From:	91/10/1/20.15	0.613.012018
	·	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 20 15		0,00
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	0,00	000
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0.00	000
7.	Total Disbursements (from Line 31)	000	0.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	000
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	,
_	•		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

American Association of Private Landres PAC (APL-PAC)					
R	Report Covering the Period: From: 04101120.151 To: 06130120.151				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees				
	(i) Itemized (use Schedule A)	6.00	,,		
	(ii) Unitemized	, 000	<u>0</u> 00B		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	000	000		
	(b) Political Party Committees		0,00		
	(c) Other Political Committees (such as PACs)	, , , , , , , , , , , , , , , , , , , ,	000		
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	0,00	0.00		
12.	Transfers From Affiliated/Other Party Committees	000	000		
13.	All Loans Received	000	006		
	Loan Repayments Received Offsets To Operating Expenditures	000			
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	000		
17.	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	000		
	(Dividends, Interest, etc.)	0.00	, .000		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
	(b) Levin Funds (from Schedule H5)	, , , , , , , , , , , , , , , , , ,			
	(c) Total Transfers (add 18(a) and 18(b))	0,001			
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	, , , , 0.001	1,,.0.00		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1 , , , 000;	, , , , , , , , , , , , , , , , , , , ,		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures:	Total This Period	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	promotion and the second	The second of the second of the second
	(i) Federal Share	0.06	000
	(ii) Non-Federal Share	1000	0001
	(b) Other Federal Operating	ال الأسب يتعادل أن الشريط الدولان الأعداد الاستثناء الشريط الأعداد الأعداد الأعداد الأعداد الأعداد الأعداد الأ التناوي المستواد الدولان المستواد المستواد الموادد المستواد المستواد المستواد المستواد المستواد المستواد المستو	in the section of the
	Expenditures	000	000
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	000	000
22.	Transfers to Affiliated/Other Party	100	
	Committees	(000)	0.00
23.	Contributions to Federal Candidates/Committees	(000)	
24.	and Other Political Committees Independent Expenditures	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	000
	(use Schedule E)	000	000
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))	700	000
	(use Schedule F)	080	000]
26.	Loan Repayments Made	000	000
_			
	Loans Made Refunds of Contributions To:	0.00	.000
	(a) Individuals/Persons Other Than Political Committees	000	000
		best-day - de stad - des-	
	(b) Political Party Committees		000
	(such as PACs)	000	000
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	000	000
29.	Other Disbursements	OOO	(000)
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	000	000
	(i) Federal Share	ീടെ നിന്നു തിരുന്നുണ്ടായിരുന്നു. 12 നിന്നു വരുന്നു വിവര്ടെ വീ. ഇതു വരുന്നു വിത്രം വിത്രം അവരുന്നു. വിത്രം വിതരം വിതരം	
	(ii) "Levin" Share	0.00	, 000
	(b) Federal Election Activity Paid Entirely	000	(3001
	With Federal Funds	francisco de la companya de la comp	, 000
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	000	000
31.	Total Disbursements (add Lines 21(c), 22,	1	1
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, , , , , , , , , , , , ,	, , 0001
32.	Total Federal Disbursements		•
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	2001	1
	from Line 31)	, , 0.001	, 000

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	, , ,		•
1111	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	006	000
34.	Total Contribution Refunds (from Line 28(d))	, , , , , , , , , , , , , , , , , , , ,	000
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	066	000
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	666	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
37.	Offsets to Operating Expenditures (from Line 15, page 3)	000	006
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	000	000

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

FEC ID number of contributing

General

General

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

federal political committee.

Other (specify)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing federal political committee.

Other (specify)

FEC ID number of contributing federal political committee.

Other (specify)

Full Name (Last, First, Middle Initial)

Name of Employer

Primary

Mailing Address

Name of Employer

Primary

Mailing Address

Name of Employer

Primary

Receipt For:

Receipt For:

Receipt For:

B.

C.

City

City

Mailing Address

City

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11c 12 **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Private Lenders PAC Date of Receipt D * D 3 State Zip Code Amount of Each Receipt this Period Occupation Aggregate Year-to-Date ▼ Date of Receipt State Zip Code Amount of Each Receipt this Period Occupation Aggregate Year-to-Date ▼ Date of Receipt State Zip Code Amount of Each Receipt this Period Occupation Aggregate Year-to-Date ▼

0.00

000

S П

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		es PAC (APL-PAC)
Full Name (Last, First, Middle Initial) A.		,	Date of Disbursement
Mailing Address			M CM / D D D / Y · Y · Y · Y · Y
City	State Zip Code		
Purpose of Disbursement		,	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	to be described to the state of
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼		
State: District:	_		
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			المتحسمينا لتحدا أمييا
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	Sandanda Sala Carata
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	Purpose of Disbursement		A
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		
			0.001
SUBTOTAL of Disbursements This Page (optional)			0.06
TOTAL This Period (last page this line number only	y)		0001

SCHEDULE C (FEC Form 3X)			
LOANS		Use separate schedule(s)	PAGE OF
		for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)			<u>.</u>
American Association	of Private	Lenders PAC	(APL-PA)
LOAN SOURCE Full Name (Last, First, Mic	Idle Initial)	Ele	ection:
		\ 	General
Mailing Address			Other (specify) ▼
City	State ZIP Co	de	
Original Amount of Loan	Cumulative Payment To		Outstanding at Close of This Period
TERMS Date Incurred	Date Due	Interest Rate	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) to	Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	And the second
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	·
City State	ZIP Code	Amount Guaranteed Outstanding:	marked a second
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	tief 6 to total
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	<u></u>
City State	ZIP Code	Amount Guaranteed Outstanding:	**** ** * * * *** ** * * * * * * * * *
SUBTOTALS This Period This Page (optional).			, , 0.06
TOTALS This Period (last page in this line only	/)	>	, , , 000
Carry outstanding balance only to LINE 3, Sch	edule D, for this line. If	no Schedule D, carry forward	to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule (

. cueral	Page of Schedule					
NAME	OF COMMITTEE (In Full)		FEC I	DENTIFICATION	ON NUMBER	
Ame	erican Association of Privating Institution (LENDER)	belonders PAC (APL=	PAC) CIC	0.0.5.4	1398	
ì		Amount of Loan		Interest Rate	(APR)	
Full Na	ime	Carlo			. 1%	
Mailing	Address	Date Incurred or Established	M-W /	0 0 / Y	* 4 * V***V	
			_ <u> </u>	i i i i i i i i i i i i i i i i i i i	TO POST OF	
City	State Zip Code	Date Due	ll	L L .		
Α.	Has loan been restructured? No Yes	If yes, date originally incurred	M'' M'	D D / Y	**************************************	
B.	If line of credit,	Total		·		
	Amount of this Draw:	Outstanding Balance:				
C.	Are other parties secondarily liable for the debt incurred. No. Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)				
<u>D.</u>	Are any of the following pledged as collateral for the		What is the v	alue of this coll	ateral?	
	property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other		The manufacture according to the first of th			
l	No Yes If yes, specify:	ommar traditional conatoral.	la maria and the	والمراجع والمستطي	المصف الديد	
į			Does the lend interest in it?	ler have a perfe	ected security Yes	
E.	Are any future contributions or future receipts of interes	est income, pledged as		stimated value?		
1	collateral for the loan? No Yes If yes, s	pecify:	The second control of the control of			
			ALL CLASS	سامسانيه فراط	الجيمية	
A depository account must be established pursuant Location of account:						
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:				
		Location of account: Address:				
	to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Address:				
F	to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address: City, State, Zip:	amount pledge	d does not equ	al or exceed	
F.	to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address: City, State, Zip: s pledged for this loan, or if the	amount pledge ich it assures (d does not equ repayment.	al or exceed	
	Date account established: Date account established: D	Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on wh	amount pledge ich it assures i	d does not equ repayment.	al or exceed	
	Date account established: Market M	Address: City, State, Zip: s pledged for this loan, or if the	DATE	repayment.		
	Date account established: Date account established: D	Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on wh	DATE	d does not equirepayment.		
G.	Date account established: Date account established: If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan COMMITTEE TREASURER Typed Name Rick Again Attach a signed copy of the loan agreement.	Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on wh	DATE	repayment.		
G.	Date account established: To be a count established: To be a count es	Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on where the state of the loan and other information.	DATE	the extension	of the loan	
G.	Date account established: If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan COMMITTEE TREASURER Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (incomplete the content of the content o	Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on where the state of the loan and other informations of the loan and other informations.	DATE	the extension	of the loan	
G.	Date account established: To be a count established: To be a count es	Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on where the basis on where the basis on the basis of the loan and other information of the loan and other information of the basis of the	DATE	the extension	of the loan imposed for	
G. H. I.	Date account established: Date account established: If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan COMMITTEE TREASURER Typed Name Pick Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (insimilar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 CORIZED REPRESENTATIVE	Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on where the basis on where the basis on the basis of the loan and other information of the loan and other information of the basis of the	DATE	the extension	of the loan imposed for	
G. H. I.	Date account established: Date account established: If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan COMMITTEE TREASURER Typed Name Comparison of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (incomplied with the requirements set forth at 11 CORIZED REPRESENTATIVE	Address: City, State, Zip: s pledged for this loan, or if the was made and the basis on whe was made and other inform cluding interest rate) no more factor comparable credit worthiness. a loan must be made on a basis FR 100.82 and 100.142 in making	DATE DATE Date nation regarding vorable at the to the second this loan.	the extension	of the loan imposed for	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) FOR LINE NUMBER: (check only one)

Λ	merican Association of Private Lenders PAC	(ADI - DAI)
71	Merican 175 Sociation at 10 water Lenckers FITC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
	Mailing Address	
Ì	City State Zip Code	
	Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
	Mailing Address	·
ŀ	City State Zip Code	
	Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
ľ	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
ŀ	Mailing Address	
Į	City State Zip Code	
	Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional)	, , , , , , , , , , , , , , , , , , , ,
2)	TOTALS This Period (last page this line number only)	, , , , , ,
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	, , , , , , , , , , , , , , , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	, , , , , , , , , , , , , , , , , ,

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	FOR LINE 24 OF FORM 3X						
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
	American Association of Printeleders PAC(APL-PAC) C10.054.7.398						
Ch	Check if 24-hour report 48-hour report New report Amends report filed on MTM / DTD / TTTY Y Y Y						
	Full Name of Payee			Date of Public Distribution/Dissemination			
				Mam , Dab , Ardaria			
	Mailing Address		ļ	Amount			
	City State	Zip Code					
	Purpose of Expenditure	1		Date of Disbursement or Obligation			
	ruipose oi Experioliture	Category/ Type		MTM, OTO, VTVTVT			
	Name of Federal Candidate	Support	Office	Sought: House District:			
		Oppose		President Senate State:			
	Calendar Year-To-Date Per Election for Office Sought		Disbu	orsement For: Primary General Other (specify) ▶			
	Full Name of Payee			Date of Public Distribution/Dissemination			
				Waw / Pap / Asasas			
	Mailing Address			التستنا لتما لتنا			
				Amount			
	City State	Zip Code					
		,		Date of Disbursement or Obligation			
	Purpose of Expenditure	Category/ Type	$\Box \mid$	Waw , Pag , Maka			
	Name of Federal Candidate	Support	Office	Sought: House District:			
Į		Oppose		President Senate State:			
	Calendar Year-To-Date		Disbu	ursement For: Primary General			
	Per Election for Office Sought			Other (specify) -			
	(a) SUBTOTAL of Itemized Independent Expenditures		. •	006			
				hand a second resident of the second second second			
	(b) SUBTOTAL of Uniternized Independent Expenditures	•••••••••••••••••••••••••••••••••••••••	. •	000			
	(c) TOTAL Independent Expenditures		•	000			
1	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	reported herein were committee or agent o	not ma of either	nde in cooperation, consultation, or concert r, or (if the reporting entity is not a political			
	Die WHAM Signature	_ Date	Ö	1/02/2018			

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF (2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X NAME OF COMMITTEE (In Full) coordinated expenditures by a political party committee? YES If YES, name the designating committee: Mailing Address City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate 0.00 SUBTOTAL of Expenditures This Page (optional)..... 0.00 TOTAL This Period (last page this line number only).....

Align top of FedEx Expr

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Wrenn Insurance 7509 Tiffany Springs Parkway, Suite #200 CANSAS CITY, MO 64153 From: (913) 599-2020 Rick Abell

Origin ID: KCKA

Ship Date: 02JUL15 ActWgt 1.0 LB CAD: 100170952/NET3610

BILL SENDER Federal Election Commission Federal Election Commission 999 E Street, NW

SHIP TO: (913) 999-1990

WASHINGTON, DC 20463

TUE - 07 JUL AA **EXPRESS SAVER**







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Postmark Illegible			
No Postmark	,		
Overnight Delivery Service (Specify): Fed EX Next Busines	Shipping Date 7/2// ss Day Delivery		
Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Receipt or Postmarked		
PREPARER MP	7/c/15 DATE PREPARED		
(3/2015)			